

APPLICATION TO PARTICIPATE

Application to Participate in Vigo County Veterans Treatment Court

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

SSN: ____ - ____ - _____ DOB: _____

Contact Number: _____

Case Number(s): _____, _____, _____

Attorney/Public Defender name: _____

Attorney/Public Defender email: _____

In what Branch of the Armed Forces did you serve? (check all that apply)

____ Army (including NG and USAR) ____ Coast Guard (including Reserve)

____ Navy (including Reserve) ____ Other _____

____ Marine Corps (including Reserve) ____ None

____ Air Force (including ARNG)

When did you first enter the Armed Forces?

Month: _____ Year: _____

Did you leave the military and re-join?

Month: _____ Year: _____

When were you last discharged?

Month: _____ Year: _____

If discharged more than once:

Month: _____ Year: _____

Deployments?

Where: _____

When: _____

Medals Awarded: _____

DD214? _____

Enlisted or Officer Record Brief? _____

Specialty? _____

Altogether, how much time did you serve in the Armed Forces?

No. of years: _____ No of Months: _____ No. of Days: _____

What type of Discharge did you receive?

____ Honorable

____ Bad Conduct

____ General (Honorable Conditions)

____ Dishonorable

____ Other than Honorable

____ Do not know

____ Other _____

Have you ever received services at the VA Hospital?

____ Yes ____ No

Are you eligible for service at the VA Hospital?

____ Yes ____ No

Do you have insurance?

____ Yes ____ No

What type of insurance do you have? _____

Mother's Maiden Name? _____

If, Active: What is your rank? _____

If Active: What does your job entail? Assignment?

While in the military were you ever sent to the brig?

___ Yes ___ No

If yes, explain:

If active to you intend to inform the military of your current legal status?

___ Yes ___ No

RECOVERY, BEHAVIORAL AND MEDICAL HEALTH

If in recovery, how long sober? Do you participate in a recovery program, or have you in the past? Where? When? Do you have a sponsor?

Have you ever received a mental health diagnosis?

___ Yes ___ No

If yes, who was the diagnosis given by? When? Explain.

Do you taking any medications prescribed to you for mental health?

___ Yes ___ No

If yes, what medications are you taking?

Do you take any narcotic medications? Explain.

Are your medications prescribed by the VA or another prescriber?
Explain.

List your criminal misdemeanor and felony convictions, if any.

ADVISEMENT OF RIGHT TO COUNSEL

By signing below, I hereby acknowledge and understand, that at all times and throughout all stages of these legal proceedings, including during my participation in Vigo County Veterans Treatment Court, I have a right to have legal representation.

I further acknowledge and understand that I have a right to have legal counsel appointed to represent me, if I am found by the court to be indigent and unable to afford to hire a lawyer to represent my legal interests.

I further acknowledge that Vigo County Veterans Treatment Court uses a non-adversarial approach, and my attorney will advise me as to the nature and purpose of Veterans Treatment Court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in Veterans Treatment Court will affect my interests. The foregoing acknowledgement is true and accurate to the best of my knowledge and belief.

Date: _____

Defendant Signature

Date: _____

Witness